



*Unified School District No. 385*

# **ANDOVER CENTRAL MIDDLE SCHOOL**

903 E. Central    Andover, Kansas 67002    Phone (316) 218-4710    Fax (316) 733-8563

**Tim Hayden**, Principal  
**Carlos Marquez**, Assistant Principal

## **Request to Transport Athlete/Student from Site**

### **To be completed by parent releasing their student:**

My child \_\_\_\_\_ has permission to ride home from  
(student's name)

\_\_\_\_\_ on \_\_\_\_\_  
(event & location) (date)

with \_\_\_\_\_  
(parent name)

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)

### **To be completed by parent responsible for getting student home:**

Per parent permission above, I \_\_\_\_\_ will be driving  
(parent name)

\_\_\_\_\_ home after  
(student's name)

\_\_\_\_\_ on \_\_\_\_\_  
(event & location) (date)

\_\_\_\_\_  
(Parent Signature) (Date)

Approved by \_\_\_\_\_  
(School Administrator) (Date)